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FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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Office Tag MAN

1.	NAME OF COMMITTEE (in full)		(Check if name is changed)		imple: If typying, type or the lines	12F Ę 4 M 5	THIL CENTER	
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ADI	ADDRESS (number and street) 2470 DANIELLS BRIDGE RD STE 121							
	(Check if address is changed)			لللا				
ق _		ATH	ENS	_ .		GA	30606	
CITY▲ STATE▲ ZIP CODE ▲								
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)								
[***.C)	(Check if address	PAU	L@PDSCOMPLIA	ANCE>	COM	<u> </u>		
	is changed)	1	11111	1 1 1		1 1 1 1 1 1		
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COMMITTEE'S WEB PAGE ADDRESS (URL)								
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3. FEC IDENTIFICATION NUMBER								
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4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)								
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete								
Type or Print Name of Treasurer Paul Kilgure								
Signature of Treasurer Electronically Filed by Date 0.8 2.011								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.								
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS								
	Office Use]		For further information		FEC FORM 1	
	Only	<u></u>			Toll Free 800-424-9530 Local 202-694-1100	33IVI I	(Revised 02/2009)	